

4686

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Gila</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>132</u>	
District of <u>Winkelman</u>	ORIGINAL CERTIFICATE OF BIRTH	Co. Register No. <u>40</u>	
Town of <u>Winkelman</u>		Local Registrar's No. <u>1</u>	
City of _____	(No. _____ St. _____ Ward)		
FULL NAME OF CHILD <u>Rosa Quinta Duarelli</u>		Born <input checked="" type="checkbox"/> YES	
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Allive <input checked="" type="checkbox"/> NO	
Sex of child <u>female</u>	<u>Twin</u> or other <u>other</u>	and <u>1</u>	Number in order of birth <u>1</u>
		Legitimate? <u>yes</u>	Date of Birth <u>January 19 - 1918</u>
			(Month) (Day) (Yr.)
FATHER		MOTHER	
Full Name <u>Thomas Duarelli</u>	Full Name <u>Clotilde Ricca</u>		
Residence <u>Winkelman Ariz</u>	Residence <u>Winkelman Ariz</u>		
Color or Race <u>white</u>	Color or Race <u>white</u>		
Age at last Birthday <u>43</u>	Age at last Birthday <u>37</u>		
(Years)	(Years)		
Birthplace <u>Italy</u>	Birthplace <u>Italy</u>		
Occupation <u>Merchant</u>	Occupation <u>Housewife</u>		
Number of child of this mother... <u>7</u>	Number of children, of this mother, now living... <u>6</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of above child; and that it occurred on <u>Jan 19 1918</u> , at <u>11 9 A.M.</u>			
*When there is no attending physician or midwife, then the householder should make this return.			
Given or christian name added from a		(Signature) <u>Joe E. Brown</u>	
Supplemental report _____ 191_____		(Attending physician, midwife, householder.)*	
Address <u>Winkelman Ariz</u>			
Filed <u>Jan 29 1918</u>		LOCAL REGISTRAR.	
989-119-396		True Copy <u>B. S. Lopez</u>	
COUNTY REGISTRAR.		COUNTY REGISTRAR.	